


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State

08-20-2008 90002 002 ****70.00

DOCUMENT # 751749 1. Entity Name TREE TOPS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 1405 LOXAHATCHEE, FL 33470			Mailing Address PO BOX 1405 LOXAHATCHEE, FL 33470		
2. Principal Place of Business - No P.O. Box If		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1986563	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEPPLE, GOTTLIEB, MESCHES, HERZFELD & RUBIN TRUMP PLAZA OFFICE CENTER 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HEALY, KENNETH A 380 PARK FOREST WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCGHEE, KELLY 478 SWEETWOOD WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input checked="" type="checkbox"/> Delete EVANS, PETER 397 PARK FOREST WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eujanie Aguilera 425 Oak Shadow Way Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S <input type="checkbox"/> Delete IVILINSTERTEIGER, JENNIFER 449 GOLDENWOOD WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <input type="checkbox"/> Delete HEALY, KATHY E 380 PARK FOREST WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <input type="checkbox"/> Delete HEALY, KENNETH A 380 PARK FOREST WAY WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Kathy E Healy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/18/2008 <small>Date</small>		561-762-9924 <small>Daytime Phone #</small>